

# FOSTER HOME REFERENCE

Michigan Department of Human Services

Licensing Worker Name
Phone Number

<p>The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.</p>
<p>AUTHORITY: Act 116, P.A. 1973.</p>
<p>COMPLETION: Voluntary.</p>

\_\_\_\_\_ have / has applied for a license to be a foster parent(s). Your name has been given as a person who knows about the applicant(s) ability to care for children. The information you provide will assist in making a decision regarding licensing the applicant(s) to become a foster parent(s). The information you share may raise critical issues which will be discussed with the applicant(s) and which could be used in a formal hearing to defend a decision not to issue a license. For this reason, we cannot guarantee that this information will be kept confidential. Thank you for your assistance.

1.	How long have you known the applicant(s)?
	HUSBAND: _____ WIFE: _____
2.	In what capacity do you know
	HIM: _____ HER: _____
3.	How well do you know the applicant(s)?
	HUSBAND: <input type="checkbox"/> VERY WELL <input type="checkbox"/> WELL <input type="checkbox"/> SOME <input type="checkbox"/> LITTLE <input type="checkbox"/> NOT AT ALL WIFE: <input type="checkbox"/> VERY WELL <input type="checkbox"/> WELL <input type="checkbox"/> SOME <input type="checkbox"/> LITTLE <input type="checkbox"/> NOT AT ALL
4.	How does the applicant handle conflict?
	HUSBAND: <input type="checkbox"/> VERY WELL <input type="checkbox"/> ADEQUATELY <input type="checkbox"/> POORLY <input type="checkbox"/> UNKNOWN WIFE: <input type="checkbox"/> VERY WELL <input type="checkbox"/> ADEQUATELY <input type="checkbox"/> POORLY <input type="checkbox"/> UNKNOWN
5.	Applicant's relationship to own children?
	HUSBAND: <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> MILD CONFLICT <input type="checkbox"/> EXTREME CONFLICT <input type="checkbox"/> DOESN'T APPLY WIFE: <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> MILD CONFLICT <input type="checkbox"/> EXTREME CONFLICT <input type="checkbox"/> DOESN'T APPLY
6.	Applicant's relationship to people in general: (all that apply)
	HUSBAND: <input type="checkbox"/> WARM <input type="checkbox"/> SHALLOW <input type="checkbox"/> FRIENDLY <input type="checkbox"/> DISTANT <input type="checkbox"/> UNDERSTANDING <input type="checkbox"/> SINCERE <input type="checkbox"/> LOYAL <input type="checkbox"/> IMPATIENT <input type="checkbox"/> WELL LIKED <input type="checkbox"/> SHY <input type="checkbox"/> STERN WIFE: <input type="checkbox"/> WARM <input type="checkbox"/> SHALLOW <input type="checkbox"/> FRIENDLY <input type="checkbox"/> DISTANT <input type="checkbox"/> UNDERSTANDING <input type="checkbox"/> SINCERE <input type="checkbox"/> LOYAL <input type="checkbox"/> IMPATIENT <input type="checkbox"/> WELL LIKED <input type="checkbox"/> SHY <input type="checkbox"/> STERN
7.	To what extent is applicant(s) aware of own shortcomings?
	HUSBAND: <input type="checkbox"/> FEELS HE HAS NONE <input type="checkbox"/> IGNORES <input type="checkbox"/> TRIES TO OVERCOME <input type="checkbox"/> ACCEPTS THEM WITH NO ADJUSTMENT <input type="checkbox"/> UNKNOWN WIFE: <input type="checkbox"/> FEELS SHE HAS NONE <input type="checkbox"/> IGNORES <input type="checkbox"/> TRIES TO OVERCOME <input type="checkbox"/> ACCEPTS THEM WITH NO ADJUSTMENT <input type="checkbox"/> UNKNOWN
8.	Describe the applicant's ability to be flexible.
	HUSBAND: <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> UNKNOWN WIFE: <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> UNKNOWN
9.	How does the applicant(s) follow through on commitments begun?
	HUSBAND: <input type="checkbox"/> VERY WELL <input type="checkbox"/> WELL <input type="checkbox"/> AVERAGE <input type="checkbox"/> FAIR <input type="checkbox"/> POORLY <input type="checkbox"/> UNKNOWN WIFE: <input type="checkbox"/> VERY WELL <input type="checkbox"/> WELL <input type="checkbox"/> AVERAGE <input type="checkbox"/> FAIR <input type="checkbox"/> POORLY <input type="checkbox"/> UNKNOWN
10.	Which of the following describe the applicant's temperament?
	HUSBAND: <input type="checkbox"/> CALM <input type="checkbox"/> IMPATIENT <input type="checkbox"/> HOT TEMPERED <input type="checkbox"/> PATIENT <input type="checkbox"/> UNKNOWN WIFE: <input type="checkbox"/> CALM <input type="checkbox"/> IMPATIENT <input type="checkbox"/> HOT TEMPERED <input type="checkbox"/> PATIENT <input type="checkbox"/> UNKNOWN

SEE OVER

**FOSTER HOME REFERENCE (Continued):**

11. Which of the following describe the applicant's friendships?

HUSBAND	WIFE
<input type="checkbox"/> MANY FRIENDS – LOYAL	<input type="checkbox"/> MANY FRIENDS – LOYAL
<input type="checkbox"/> MANY FRIENDS – CONSTANTLY CHANGING	<input type="checkbox"/> MANY FRIENDS – CONSTANTLY CHANGING
<input type="checkbox"/> FEW FRIENDS – LOYAL	<input type="checkbox"/> FEW FRIENDS – LOYAL
<input type="checkbox"/> FEW FRIENDS – CONSTANTLY CHANGING	<input type="checkbox"/> FEW FRIENDS – CONSTANTLY CHANGING
<input type="checkbox"/> NO FRIENDS	<input type="checkbox"/> NO FRIENDS
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> UNKNOWN

12. Please check all of the following that describe the applicant(s).

HUSBAND	WIFE
<input type="checkbox"/> DOMINEERING	<input type="checkbox"/> DOMINEERING
<input type="checkbox"/> ASSERTIVE	<input type="checkbox"/> ASSERTIVE
<input type="checkbox"/> AGGRESSIVE	<input type="checkbox"/> AGGRESSIVE
<input type="checkbox"/> COOPERATIVE	<input type="checkbox"/> COOPERATIVE
<input type="checkbox"/> OPINIONATED	<input type="checkbox"/> OPINIONATED
<input type="checkbox"/> ARROGANT	<input type="checkbox"/> ARROGANT
<input type="checkbox"/> LACKS CONFIDENCE	<input type="checkbox"/> LACKS CONFIDENCE
<input type="checkbox"/> NERVOUS	<input type="checkbox"/> NERVOUS
<input type="checkbox"/> LEADER	<input type="checkbox"/> LEADER
<input type="checkbox"/> CONSIDERATE	<input type="checkbox"/> CONSIDERATE
<input type="checkbox"/> RESERVED	<input type="checkbox"/> RESERVED
<input type="checkbox"/> FOLLOWER	<input type="checkbox"/> FOLLOWER
<input type="checkbox"/> UNHAPPY	<input type="checkbox"/> UNHAPPY
<input type="checkbox"/> STUBBORN	<input type="checkbox"/> STUBBORN
<input type="checkbox"/> FRIENDLY	<input type="checkbox"/> FRIENDLY
<input type="checkbox"/> HAPPY	<input type="checkbox"/> HAPPY
<input type="checkbox"/> EASILY UPSET	<input type="checkbox"/> EASILY UPSET
<input type="checkbox"/> MOODY	<input type="checkbox"/> MOODY
<input type="checkbox"/> WELL ADJUSTED	<input type="checkbox"/> WELL ADJUSTED
<input type="checkbox"/> CONFIDENT	<input type="checkbox"/> CONFIDENT
<input type="checkbox"/> LAZY	<input type="checkbox"/> LAZY
<input type="checkbox"/> OTHER (Explain Below)	<input type="checkbox"/> OTHER (Explain Below)

Other(s) \_\_\_\_\_

13. Do you believe the applicant(s) could accept a child who is resentful or rejecting toward them?

HUSBAND	WIFE
<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input type="checkbox"/> NO (Explain Below)	<input type="checkbox"/> NO (Explain Below)

Explanation: \_\_\_\_\_

\_\_\_\_\_

14. Would you be comfortable having the applicant(s) as foster parents for your own child or a child close to you?

YES                       NO (Explain Below)

Explanation: \_\_\_\_\_

\_\_\_\_\_

15. Do you recommend the applicant be issued a license to provide care for children?

YES                       NO (Explain Below)

Explanation: \_\_\_\_\_

\_\_\_\_\_

16. Please add any additional information you feel is important.

\_\_\_\_\_

\_\_\_\_\_

Print Your Name _____ Phone Number (    )	Signature _____ Date _____
Would you like licensing staff to contact you? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NOTE:</b> You may also contact your worker identified on the front of this form.